

DC 1024,S8(1)

UNITED STATES CIVIL SERVICE COMMISSION  
Washington 25, D. C.

April 1, 1960

DEPARTMENTAL CIRCULAR NO. 1024, SUPPLEMENT NO. 8

TO HEADS OF DEPARTMENTS AND INDEPENDENT ESTABLISHMENTS

SUBJECT: Federal Employees Health Benefits Program: Interim Registration Procedures

1. "Employing Offices"

The Group Health Benefits regulations define "employing office" as "any office of an agency to which jurisdiction and responsibility for health benefits actions for the employee concerned have been delegated. For enrolled annuitants who are not also eligible employees, the office which has authority to approve payment of annuity or workmen's compensation for the annuitant concerned is the employing office."

Agencies have wide latitude in designating an "employing office." It is expected that in most cases a personnel office will be so designated although any office (including a payroll or fiscal office) which is in close contact with employees may be designated. It is also expected that a responsible person (or persons) within the employing office will be designated as "authorized agency health benefits official" to authenticate the actions of the employing office. The names of the employing offices and authorized officials designated need not be reported to the Commission.

If an agency has not already done so, it should now designate the "employing offices" and "authorized agency officials" who will be assigned responsibility for the day to day health benefits activities, other than payroll and accounting. Initially, to get the program started, these activities include primarily: counseling; registering employees; determining their eligibility to enroll; and making determinations as to capability of self-support of husbands and of children over 19.

2. Payroll Offices

Payroll or fiscal offices in an agency have immediate and continuing responsibility in administering the Health Benefits Program. Initially, these responsibilities include a determination of the deductions to be made from salary, certifying that the proper payroll adjustment has been or will be made, moving registration forms to carriers, and developing and reporting certain statistical data.

3. Procedures

Procedures and guides to be observed by employing and payroll offices during the initial enrollment period are stated in the attachment to this circular. These

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procedures include some temporary expedients to facilitate processing the anticipated high volume of initial enrollments. The procedures will be amplified and restated in a new Chapter (I-5) of the Federal Personnel Manual which will also contain much other information needed by employing and payroll offices to administer the Health Benefits Program. Chapter I-5 will, in turn, be reprinted and distributed by the Commission as a Health Benefits Manual.

A draft copy of the face page of Standard Form 2809, Health Benefits Registration Form, is also attached to these Interim Registration Procedures.

#### 4. Additional Information

Briefly, the main objectives to be achieved during the initial enrollment period are:

- a) Have every employee eligible to do so registered.
- b) Have every employee who wishes to do so enrolled in the plan of his choice.
- c) Process the completed Registration Forms on a daily basis if feasible in order that enrollments can be communicated to the carrier as soon as possible before the effective date of coverage for benefits.
- d) Establish and maintain a system for accurately collecting, remitting, and accounting for deductions and contributions.

It is impossible to anticipate all the situations which can and will arise during the initial enrollment period and cover them with specific procedural instructions. The Commission is confident that employing and payroll offices will, as necessary and within the framework of the attached instructions, improvise upon them to meet unique or unanticipated situations in order to fulfill the above objectives.

If information or assistance is needed, it may be obtained in the Washington Metropolitan area by calling DUDley 6-3391 and in the field by calling the Health Benefits Representative at the Commission's regional office.



Warren B. Irons  
Executive Director

Attachment

## INTERIM HEALTH BENEFITS PROCEDURAL INSTRUCTIONS

(These instructions apply through the initial enrollment period which ends June 30, 1960.)

## I. EMPLOYING OFFICE

## A. Registration to Enroll.

1. Establish a Control of Eligible Employees.--Prior to the period of initial enrollment, determine which employees are eligible to register and which employees are excluded by law or regulation from the purview of the Health Benefits Law. Because of the importance of this determination to the employee it should not be postponed to the time when employees are registering to enroll. If a method of distributing Registration Forms to eligible employees only can conveniently be arranged, this would facilitate the processing of completed Registration Forms. If an employee is excluded by law or regulation, he is not to file a Registration Form but all non-excluded employees must register to enroll or not to enroll.
2. Review of Completed Registration Forms.--(a) Review all copies of the Registration Form for legibility, completeness, consistency, employee signature, and legality of answers. Answers which are discrepant or reflect situations not permitted by law or regulation should be reconciled with the employee (e.g., enrollment in a plan not serving the geographic area; enrollment number shows self-only enrollment but family members are listed, or the reverse; parent listed as family member; over-19-year-old child is listed without the required supporting medical certificate; name of plan does not agree with Enrollment Code Number).  
  
(b) If employee shows, in response to item 6, Part A of the Registration Form, that he is covered by the enrollment of another employee, i.e., his spouse (or parent), he should be contacted and informed that only he or the spouse (not both) may have a family enrollment and that unless each enrolls for self only, he (or the spouse) must register not to enroll. Similarly, a member of the family cannot be covered under two enrollments. Unless the answer to item 6, Part A can be resolved as "No," do not approve the registration to enroll.  
  
(c) (i) If item 2, Part B of the Registration Form lists a child over 19, or if between the enrollment code number and the answer in item 3, Part B of a female's Registration Form it appears that the listed family includes a husband who is incapable of self-support, a medical certificate is required. (See page 4 of these instructions concerning determinations on medical certificates.)

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- (ii) Record the determination concerning capability of self-support of the child or husband in "Remarks" on all copies of the Registration Form, e.g., "child (or husband)—by name—is (is not) capable of self-support."
  - (iii) If the determination is that a child is capable of self-support, notify the employee to that effect and that the child will not, therefore, be covered.
  - (iv) If a determination is made that an incapacitated husband's or child's disability is not permanent and that, therefore, the medical certificate has to be renewed, notify the employee of the date of renewal and prepare a "call-up" notice to remind employee about 30 days before the certificate expires.
3. Approval of Registration Form.—If Registration Form is determined to be correctly completed and the employee is eligible to enroll in the plan selected, complete item 1 of Part F on all copies of the Registration Form with name and address of employing office and signature (facsimile permitted) of authorized agency official. Entries may be made in most convenient way, e.g., rubber stamp, overprint, addressograph, etc.
4. Date of Receipt and Effective Date of Election.—(a) Post the date the Registration Form was received in the employing office in item 2, Part F on all copies.
- (b) Determine the effective date of election to enroll based on the pay period applicable to each enrollee. Post this date in item 3, Part F on all copies. Effective date of enrollment is the first day of employee's pay period which begins on or after July 1, 1960, provided he was in a pay status at any time during the preceding pay period. If he was not in a pay status during this preceding pay period, his enrollment becomes effective on the first day of the pay period which begins at least 14 days after his return to pay status. In order to permit prompt processing of Registration Form to carrier, assume that employee will be in a pay status during pay period preceding the normal effective date of enrollment unless there is a reason to believe that he will not. If it develops that an employee is not in pay status at any time during pay period preceding the normal effective date, the enrollment notice to the carrier (i.e., the duplicate Registration Form) will have to be canceled as promptly as possible. This may be done as explained in IV below, before the effective date of enrollment or thereafter in accordance with permanent instructions to be furnished.
5. Disposition of Registration Form.—(a) The employing office copy (triplicate) may be detached at this time for filing in the Official Personnel Folder (or its equivalent). If this is done, and it develops that there

is a change in the effective date of enrollment shown on the form, such change must be noted on the employing office copy of the Registration Form also.

(b) As an alternative to (a) above, if it is more expedient to do so, send all copies of Registration Form to the payroll office.

(c) Medical Certificate (if any) must be attached to the employing office copy of Registration Form before it is filed in the Official Personnel Folder (or its equivalent).

B. Registration Not to Enroll.

1. Employee to be Contacted.—If feasible and employee does not appear to be covered by enrollment of spouse or parent, contact him to determine whether Registration Form correctly reflects his intention. If this is done, note in "Remarks" on Registration Form, "contacted \_\_\_\_\_ (date) \_\_\_\_\_."
2. If Employee Fails to Register.—(a) If employee does not register at all, contact him and urge him to do so, even if it is a registration not to enroll. If he declines to file a Registration Form, file one for him, filling in as much of Part A as is possible and noting in "Remarks" that "employee contacted but declines to register."  
  
(b) Similarly, file a Registration Form for an employee who cannot be contacted but note in "Remarks," "unable to contact." (The Group Health Benefits regulations permit the employing office to determine that an employee was unable, for cause beyond his control, to register to enroll; upon such a determination, permit him to enroll within 31 days of his first opportunity to do so.)
3. Approval and Disposition of Registration Form.—(a) Complete items 1 and 2, Part F, on all copies of the Registration Form, as explained above.  
  
(b) Detach the Employing Office copy (triplicate) and file in employee's Official Personnel Folder.  
  
(c) Establish carrier's copy of Registration Form in a file of "Registrations Not to Enroll." Hold file in the employing office pending later instructions for its disposition.  
  
(d) Send original to payroll office.

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## II. DETERMINATIONS ON MEDICAL CERTIFICATES BY EMPLOYING OFFICES

Whether a child over 19 and a husband included in the family enrollment of a female employee is incapable of self-support by reason of mental or physical disability is for final determination by the employing office, based on the medical certificate which must be obtained by the employee at his own expense and submitted with his Registration Form. The medical certificate must indicate the following information:

1. The name of the husband or child (and name of enrolling employee)
2. The nature of his disability
3. The period of time the disability has existed
4. The probable future course and duration of the disability
5. The doctor's name and address

In making its determination an employing office should utilize the services of a medical officer of the agency if one is readily available. In doubtful cases, where no medical officer is available, the medical officer in the nearest Commission Regional Office or in the Central Office may be consulted—but the determination is the responsibility of the employing office.

In the case of a husband, the Health Benefits Act requires the disability which makes him incapable of self-support to be one which can be expected to continue for more than one year; in the case of a child, the disability must have existed before the child reached age 19. In either case, the Commission construes the law to intend that only the most serious types of disability should be considered as qualifying the child or husband as incapable of self-support and then only if they can be expected to continue for a period of at least one year and if, in fact, the child or husband is not capable, because of the disability, of working at any job. (The fact that a child or husband may have investment income is not disqualifying because "dependency" is not a requirement.)

Under the above mentioned construction of the law, disability such as total blindness or deafness, although serious, would not of itself be qualifying because though they may prevent employment in certain occupations, they do not preclude gainful employment in all occupations or necessarily make a person incapable of self-support. Similarly, if a female has a husband who is retired because of total disability for the job he last occupied, he would not necessarily be disabled from engaging in other gainful occupation.

As a further guide in making disability determinations, there follows a listing of disabilities which necessarily do make the afflicted person incapable of self-support. This list is intended as a ready reference; it by no means exhausts all the disabilities which could be regarded as qualifying.

1. Severe heart disease with decompensation.
2. Severe hypertension with a history of a severe stroke.
3. Severe Buerger's Disease - marked hardening of the arteries of the limbs.
4. Severe mental illness requiring prolonged hospital confinement in a mental institution.
5. Severe paralysis of the limbs - with complications.
6. Severe uncontrolled epilepsy with mental deterioration.
7. Brain tumors - (inoperable) with complications.
8. Severely crippling deformities of bones and joints due to Arthritis deformans.
9. Active tuberculosis of the chest, kidney, bones, digestive system, or other organs.
10. Severe liver disease with signs of decompensation.
11. Advanced Leukemia, severe Aplastic Anemia.
12. Hodgkins Disease.
13. Multiple Myeloma.
14. Cancer of any system (not remediable by surgery) or with metastasis or spread to other organs.
15. Addison's Disease - severe.
16. Diabetes Mellitus - severe, uncontrolled with diet and insulin, with complications.
17. Severe toxic thyroid disease with complications.
18. Severe pituitary disease with complications - such as advanced Acromegaly, and advanced Adenoma of the Pituitary Gland.
19. Advanced Syphilis of the Central Nervous System - as General Paralysis of the Insane, or Locomotor Ataxia and Advanced Syphilis of the heart and blood vessels with Aortic Aneurysm.
20. Severe disease of the lungs other than tuberculosis - such as far advanced Emphysema, far advanced Asthma with complications and Boeck's Sarcoid. Also severe pulmonary embolism, or severe parasitic lung infections.
21. Severe diaphragmatic hernia with complications.
22. Severe progressive muscular atrophy or severe Myasthenia Gravis.
23. Advanced Paget's disease of bone.
24. Osteitis fibrosa cystica with complications.
25. Severe advanced multiple sclerosis in the active phase.
26. Huntington's Chorea.
27. Little's disease (cerebral spastic diplegia).
28. Severe advanced syringomyelia.
29. Amyotrophic lateral sclerosis.
30. Advanced cerebellar disease with ataxia.
31. Advanced cerebral atrophy.
32. Chronic meningitis with complications.
33. Encephalitis, advanced with complications such as mental disease or Parkinson's syndrome, advanced.
34. Severe chronic Bright's Disease with complications.
35. Polycystic kidneys - bilateral with complications.
36. Multiple kidney stones with involvement of both kidneys.
37. Severe chronic Amebiasis with complications.

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38. Severe disease of the pancreas with complications.
39. Severe gouty arthritis with joint and other complications.
40. Advanced and incurable diseases of the skin with complications, as for example - severe progressive type of generalized Scleroderma or severe acute disseminated Lupus Erythematosus.
41. Parasitic or chronic severe infectious diseases as Leprosy, chronic severe Malaria, Yaws or severe tropical Sprue.
42. Severe chemical, metallic or illuminating gas poisoning with marked symptoms of incapacity.
43. Severe mental retardation, Mongolian Idiocy or severe Cretinism.
44. Severe cerebral birth palsy with marked mental and physical impairment.
45. Severe poliomyelitis with crippling involvement of three or more limbs or with cerebral or mental impairment or complications.

### III. PAYROLL OFFICE

These instructions do not cover accounting and financial reporting procedures. These procedures vary from office to office and should be worked out by the respective agencies or payroll offices in accordance with the permanent instructions to be issued by the Commission and the General Accounting Office. Payroll offices have been assigned the responsibility of maintaining the day-to-day contacts with carriers because of the close relationship between the processing of payroll deductions and the administration of plans by the carriers.

#### A. Registration to Enroll.

1. Urgency of Action. -- Upon receipt of Registration Form (all copies approved by the employing office) the payroll office will verify that employee's effective date of enrollment is supported by the payroll records.
2. Payroll Office Number. -- Insert the assigned payroll office number in item 4, Part F, on all copies. Those payroll offices having a disbursing relationship with Treasury disbursing offices will use the eight (8) digit number used to identify the accounting station, e.g., 12-23-2345. Other payroll offices will use the number assigned by the agency headquarters, as confirmed to the Commission. In all assigned payroll office numbers, the first two digits will always agree with the first two digits in the agency appropriation symbol. Carriers will maintain controls of enrollments under these payroll office numbers.
3. Authentication of Carrier's Copy of Registration Form. -- On carrier's copy of the Registration Form in Part F. item 5, date and initial to show that payroll action will be taken as of the effective date.
4. Disposition of Carrier's Copy of Registration Form. -- Send the duplicate copy of the Registration Form to the carrier with which the employee has enrolled. (A listing of carriers' addresses will be furnished



later.) A listing of the forms transmitted to each carrier need not be made if transmittals are controlled. Forms authenticated during any one day should be sent at the close of business that day. If it is known or believed that employee will not be in a pay status during pay period preceding the normal effective date, hold his Registration Form until he returns to pay status and the effective date of enrollment can be determined.

5. Adjustment of Salary. — (a) Where employee withholding rate (from rate schedule to be furnished later) is needed on the Registration Form, record the rate under "Remarks." To the individual payroll record, SF 1127 (or other payroll record), enter the following items:
  - (i) Carrier's Control Number (7-digit number printed at top of form).
  - (ii) Enrollment Code Number (3-digit number in Part B, item 1).
  - (iii) Effective date of enrollment (part F, item 3).
  - (iv) Employee withholding rate applicable to the enrollment code number based on the employee's pay period (bi-weekly, weekly, etc.).

(b) In Part F, item 5 of the Registration Form, date and initial to show that payroll records have been noted.
6. Disposition of Authenticated Employing Office Copy. — Return to employing office for filing in the Official Personnel Folder (or its equivalent) if processed through payroll office.
7. Control File of Payroll Office Copy of Registration Form. — (a) Upon completion of the adjustment of salary records, establish a control file of the payroll office copies (original) of the Registration Forms. It is suggested that the file be broken down by carriers and for each carrier, the Registration Forms be filed numerically by Carrier's Control Number (7-digit number printed at top of form) pending receipt of Identification (ID) Cards from the carrier. Carriers cannot assure that ID cards will be returned in batches identical with the batches of Registration Forms transmitted by the payroll office. However, some carriers can sort the ID cards by Carrier Control Number which will aid in identification with employing office, assuming the agency distributes the enrollment forms in batches of consecutively numbered Carrier Control Numbers.

(b) Upon receipt of ID cards (and/or other evidence of enrollments), match them against the pending file of Registration Forms in the control

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file. If ID card is not received from carrier within three weeks after transmittal of carrier's copy of the Registration Form, follow up with carrier.

(c) Distribute the ID cards (and/or other evidence of enrollment) to employees through the employing office or in whatever way is most efficient.

(d) Each carrier will furnish a listing of the enrollees for whom ID cards were prepared. This listing will constitute a receipt for the Registration Forms mailed to the carrier and a payroll office record of ID cards received.

8. Disposition of Payroll Office Copy of Registration Form. — Upon completion of the adjustment of salary records, and the matching of ID cards, file the original Registration Form in the payroll office as any other payroll action document.

#### B. Registration Not to Enroll.

1. Payroll Records to be Noted.—Upon receipt of original Registration Form approved by employing office (including one which was prepared by the employing office for the employee), note pay records that employee elects not to enroll.
2. Authentication of Registration Form.—Authenticate the Registration Form by noting payroll office number, initials, and date in Part F.
3. Disposition of Registration Forms.—Keep original copy of the Registration Form in the payroll office as any other payroll action document.

#### IV. SEPARATIONS BEFORE ENROLLMENT BECOMES EFFECTIVE

If an employee who has filed a Registration Form retires, dies, or is otherwise separated, except by transfer, before the effective date of enrollment, his registration is void. If such a separation occurs, take the following actions:

1. Note on the Registration Form in "Remarks," "Employee separated \_\_\_\_\_ (date) \_\_\_\_\_, \_\_\_\_\_ (reason) \_\_\_\_\_."
2. If registration was to enroll and carrier's copy has been transmitted to carrier, print "VOID" in bold lettering across face of original Registration Form and send it to carrier.
3. If a registration was to enroll and duplicate had not been transmitted to carrier, destroy all copies except employing office copy which should be marked "VOID" and filed in the Official Personnel Folder (or equivalent).

4. If registration was not to enroll, destroy all copies except employing office copy, which should be marked "VOID" and filed in the Official Personnel Folder (or equivalent).
5. Remove any payroll actions initiated on the basis of a registration which has become void.

If after an employee files a Registration Form, but before the effective date of enrollment he transfers to another employing office, his registration is not void. Such a registration will be processed under the permanent procedures (to be furnished later) for transfers between employing offices.

Standard Form No. 2809 CHAPTER I-5 F.P.M. 6 GAO 5000		<b>HEALTH BENEFITS REGISTRATION FORM</b> FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only typewriter or ballpoint pen.)			CARRIER'S CONTROL NO.	
<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR		3. Are you now married? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)				5. SEX MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2	
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input type="checkbox"/>			7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$10,000 OR OVER <input type="checkbox"/> 4		
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.  If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.  THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) NAME OF PLAN OPTION (HIGH OR LOW) ENROLLMENT CODE NUMBER					
	2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)					
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS	
	Wife or Husband		1		6	
			2		7	
		3		8		
		4		9		
		5		10		
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input type="checkbox"/>						
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.					
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>			3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3		
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in Part B.					
	1. Enrollment code number of present plan.		2. Number of event which permits change. (See table on back of duplicate for proper number.)		3. Date of event which permits change. MONTH DAY YEAR	
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.	(YOUR SIGNATURE—DO NOT PRINT) (DATE)					<b>WARNING.</b> —Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)
<b>PART F</b> TO BE COMPLETED BY AGENCY	1. NAME AND ADDRESS OF EMPLOYING OFFICE		2. DATE RECEIVED IN EMPLOYING OFFICE		3. EFFECTIVE DATE OF ELECTION	
	(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)		4. PAYROLL OFFICE NO.		5. PAYROLL ACTION (INITIALS AND DATE)	
<b>REMARKS</b> FOR USE ONLY BY ANNUITANTS AND AGENCY.						

Original—To Payroll Office

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